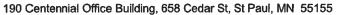
Campaign Finance & Public Disclosure Board



cfb.mn.gov



Statement of Economic Interest

Candidate for local official position in a metropolitan governmental unit under Minn. Stat. § 10A.01, subd. 22; and 10A.09, subd. 6a

Filing instructions

(General instructions for completing the form are on page 2)

- Your statement is due at the governing body of the metropolitan governmental unit within 14 days after signing an affidavit of candidacy.
- This form may be filed by mail or fax sent to the metropolitan governmental unit.
- Address questions to the governing body of the metropolitan governmental unit.

Individual information	Employment information					
Name	Occupation					
Patrick John Carlson	Retired Police Officer					
Address at which you wish to receive mail from the metropolitan governmental unit (You						
may use either a home or business address.)	source of compensation on page 3)					
12143 Lily Street NW	City of Coon Rapids (Retiral)					
City, state, zip	Business address					
Coon Rapids, MN 55433	11155 Robinson Drive NW					
Telephone (daytime)	City, state, zip of business					
763-568-0714	COUN Rapids, MN 55433					
Name of office	Email Address					
Cry of can Rapids Council at Loge	carlson 11349 e gmail. com					

	Period covered
Original statement	date filed for office
	Certification
I, Pa+ Carlson (print or type name)	, certify that the information contained on this form, including
(print or type name)	information on the schedules on page 3, is complete, true, and correct.
Gat Calon	05/19/2020
Signature of candidate or elected lo	cal official Date

Notice: Any person who signs and certifies to be true a statement which the person knows contains false information or omits required information is subject to a civil penalty imposed by the Board of up to \$3,000 and is subject to criminal prosecution for a gross misdemeanor.

This document is available in alternative formats to individuals with disabilities by calling 651-539-1180; 800-657-3889; or through the Minnesota Relay Service at 800-627-3529.

Attach additional pages if necessary to complete any of these schedules.

Name of source			Dire	ctor	Officer	Owner	Member	h applicab	Employer	Employee	Honorariun
0.00				CIO	Offices	OWIE		Partner	Employer	Employee	Horioranur
Public Emp	loyees Retire	mnt Asso	C,				X				
State of 1	Ninnesota (Independent C	MOUNTE							X	
The Church	loyees Retire Minnesota (of the Epipl	hony		\perp						χ	
	В	usiness or	professi	onal	activ	vity c		Chec	- Leaders	licable box	
Business or professional activity category (See page 4)					in			Employee: \$250 in income in month and owns 25% or more of business		Independent contractor: More than \$2,500 in compensation	
Education	al Services									×	
N:	ame of business in whicl	n security is held	Sec	uritie	es	GK.	Name of h	ousiness in wh	ich security i	s held	
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County Sh	Check	one	and range ari-mutu	Own	Morte (Hele sell	d as er)	Contract for deed (As buyer or seller)	Option to be option work more than	ouy - Opt	perty worth re than	Acreage (I applicable